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CONFIRMATION NO. 1830

SERIAL NUMBER 10/531,698	FILING OR 371(c) DATE 07/26/2005 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 4787-7000
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IL03/00837 10/15/2003  
 which claims benefit of 60/419,282 10/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

27123

**TITLE**

System for monitoring the health of an individual and method for use thereof

<b>FILING FEE RECEIVED</b> 1245	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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